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For Finance Use Only

Professional Development Fund

VENDOR PAYMENT REQUEST FORM

To be used for payment directly to VENDORS!!

Instructions for Completion:

1. Use this form when you are requesting payment to be made DIRECTLY to a vendor.
2. This form is used **ONLY** when there is **NO EXTENDED TRAVEL** involved. If travel is part of your request use the **"Travel Expense Worksheet"** with a Travel Authorization.
3. For purchase of Hardware/Software use the **"Authorization to Purchase Hardware/Software"** form.
4. Attach "Individual Professional Growth Plan" for use of in-service funds form - located on website. (Required for OP/PT's and Paras - one form per year.)

Check One: ☐ **OP** ☐ **PT** ☐ **Para** ☐ **Cert** ☐ **Class Exempt** ☐ **Cert Exempt** ☐ **Principal/Asst. Principal**

Employee Name _____ Location/Work Assignment _____ Employee ID # _____

Vendor Information for payment:

Vendor Name _____ Vendor No. _____

Mailing Address _____ City/State _____ Zip Code _____

Telephone _____ Fax _____ Website _____

Contact Email _____

Description of professional development activity or items purchased for which vendor payment is being requested:

TOTAL VENDOR PAYMENT: **$** _____

☐ I have sufficient professional development funds in my account to cover this request.

☐ This request aligns with my Professional Growth plan for the year.

Sub Required: ☐ **NO** ☐ **YES (if YES complete a Release Time Form)**

I hereby certify under penalty of perjury that the materials have been furnished, the services rendered, and /or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Tacoma School District No. 10.

_____ _____

Employee's Signature *Date*

_____ _____

Supervisor's Signature *Date*

RESET FORM

Revised 8/16/2010

TO BE COMPLETED BY PROFESSIONAL DEVELOPMENT:

Note: Professional Development accounting may be used for Purchase Orders or P-Cards **ONLY** after this claim has been authorized by the appropriate Professional Development BRC Authority.

Company	Accounting Unit	Account	Approved Amount
			$
Activity		**AcCat**	

_____
Accounting Approval

_____ _____

P-Card Number (Last Name/Last 4 Digits) *Purchase Order No.*

_____ _____

Professional Development BRC Signature *Date*

☐ Accounts Payable ☐ Payroll

☐ Retain in Professional Development for Processing ☐ Return to Originator for processing w/ Site P-Card

_____
Payment Date